

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>4350</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Timothy</u> <u>D</u> <u>Haggart</u> P O Box Bldg Room No If any <u> </u> Street <u>5405 S Martin L King Jr Blvd</u> City <u>Lansing</u> State <u>Michigan</u> ZIP Code + 4 <u>48911</u>	4 Name fil number and address of labor organization Name <u>Plumbers & Pipefitters Local Union 333</u> Labor Organization File Number <u>541 123</u> P O Box Building and Room Number if any <u> </u> Street <u>5405 S Martin L King Jr Blvd</u> City <u>Lansing</u> State <u>Michigan</u> ZIP Code + 4 <u>48911</u>
5 Position in labor organization <u>Pension Trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<p>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7 b Amount</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

4/18/2006

Date _____

(517) 393 5480

Telephone Number _____

Name of Person Filing Timothy Haggart

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Local Union 333 Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 700 Tower Rd Suite 300

City Troy

State Michigan

ZIP Code + 4 48098

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Trustee of Fringe Benefit Funds received reimbursement for conference expenses and lost wages

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

All reimbursements are for expenses directly incurred in my capacity as trustee

Nov 3 2005 I F E B P/Hawaii \$2646 77

12 b Amount

\$2 647

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

From time-to-time during the year I attended various functions for which no records are available to me but I have no reason to believe that they are anything but de minimis

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment